

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLN. NO.
10/574,853

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2	/							52					
3	/							53					
4		/						54					
5		/						55					
6		/						56					
7		/						57					
8		/	2					58					
9		/						59					
10		/						60					
11		/						61					
12		/	3					62					
13		/	3	1				63					
14		/						64					
15		/						65					
16		/						66					
17		/						67					
18		/						68					
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44		/						94					
45		/						95					
46		/						96					
47		/						97					
48		/						98					
49		/						99					
50		/						100					
TOTAL IND.	2												
TOTAL DEP.	15	↓	←	↓	←	↓							
TOTAL CLAIMS	17	██████████	██████████	██████████	██████████	██████████							

PTO-1364 (REV. 1/03)

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